Only

STATEMENT OF

PAGE 1/5 =

FEC FORM 1		ORGANIZATION				Office Use Only				
1. NAME OF COMMITTEE (ir	n full)	(Check if nam is changed)		ole:If typing, type he lines.	12FE			,		
Lets Start N	low							1 1 1		
ADDRESS (number a	NAME OF COMMITTEE (in full) ts Start Now RESS (number and street) (Check if address is changed) MITTEE'S E-MAIL ADDRE (Check if address is changed) (Check if address is changed) MITTEE'S WEB PAGE ADD (Check if address is changed) The committee of the c	2113 A Gadsden St.			1 1 1 1		1 1 1	1 1 1	1 1	
(Check if address		full) (Check if name is changed) over the lines. OW d street) Columbia CITY ▲ L ADDRESS ddress ddress Jdsillyman@gmail.com Optional Second E-Mail Address PAGE ADDRESS (URL) ddress PAGE ADDRESS (URL) ddress PAGE ADDRESS (URL) ddress The street of the best of my knowledge of Treasurer Jacob Dale Sillyman								
is changed	d)	Columbia			, ,SC	, 292	201			
		CITY A			STATE			- P CODE		
					01/11/2	_		. OODL	_	
		Jasiiiyman@gmaii.	com							
		Optional Second E-Ma	ail Address							
(Check if a	address									
3. FEC IDENTIFIC	CATION N	UMBER ▶ C	C00590786							
4. IS THIS STATEM	MENT X	NEW (N)	R 📗	AMENDED (A	A)					
I certify that I have e	examined th	nis Statement and to the	best of my kno	owledge and beli	ef it is true, c	correct and	d complete	1.		
Type or Print Name	of Treasure	Jacob Dale Sillyman								
Signature of Treasure	er <i>Jacol</i>	o Dale Sillyman	[1	Electronically Filed	Date	10	27		015	
NOTE: Submission of	false, erron						penalties	of 2 U.S.0	C. §437g.	
Office Use			F	ion contact: mission	FEC FORM 1 (Revised 06/2012)					

Toll Free 800-424-9530

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